

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/04/03.

I. DISPUTE

Whether there should be reimbursement for CPT 97750-FC (5 units) for date of service 8/11/03 in the amount of \$164.90.

II. RATIONALE

The service in dispute was denied as “YF- Denied in accordance with the appropriate fee guideline ground rule and/or maximum allowable reimbursement,” and “JF- Documentation submitted does not substantiate the service billed.”

The requestor states, in their letter dated October 9,2003, “All of the requirements of TWCC protocols for a FCE have been met with regard to treatment/testing provided our patient. The record also includes the beginning and ending times.”

Carrier's statement of position, dated November 19,2003, states, “It is this carrier’s position that no reimbursement is due for the charge submitted with code 97750FC. Peer review of the documentation does not support that the necessary components of an FCE were performed or that the FCE was useful or necessary.” Peer review case summary was provided.

Commission Rule 134.202 (e)(4) states, in part, “...Functional Capacity Evaluations (FCEs). FCEs shall be billed using the "Physical performance test or measurement..." CPT code with modifier "FC." FCEs shall be reimbursed in accordance with subsection (c)(1). Reimbursement shall be for up to a maximum of four hours for the initial test or for a commission ordered test; a maximum of two hours for an interim test; and, a maximum of three hours for the discharge test, unless it is the initial test. Documentation is required. FCEs shall include the following elements:

- (A) A physical examination and neurological evaluation, which include the following:
 - (i) appearance (observational and palpation);
 - (ii) flexibility of the extremity joint or spinal region (usually observational);
 - (iii) posture and deformities;
 - (iv) vascular integrity;
 - (v) neurological tests to detect sensory deficit;
 - (vi) myotomal strength to detect gross motor deficit; and
 - (vii) reflexes to detect neurological reflex symmetry.

(B) A physical capacity evaluation of the injured area, which includes the following:

(i) range of motion (quantitative measurements using appropriate devices) of the injured joint or region; and

(ii) strength/endurance (quantitative measures using accurate devices) with comparison to contralateral side or normative database. This testing may include isometric, isokinetic, or isoinertial devices in one or more planes.

(C) Functional abilities tests, which include the following:

(i) activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, squatting, carrying, and climbing);

(ii) hand function tests, which measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;

(iii) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; and

(iv) static positional tolerance (observational determination of tolerance for sitting or standing).

Therefore, per Commission Rule 134.202 (e)(4), no reimbursement is recommended, due to required elements not being met.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 11th day of February 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc